

Name: \_\_\_\_\_ License No. \_\_\_\_\_

I hereby notify the Washington State Bar Association of a change of employer related to my LPO license. The new contact information is provided below and I am attaching **one of the following** as proof of financial responsibility required by APR 12(f):

- An Individual Errors And Omissions insurance policy in the amount of \$100,000;
- An existing Agency Errors And Omissions Insurance Policy Certificate which does not exclude the practice of law and which names me as a covered party, **together** with the Declaration Of Financial Responsibility Coverage;
- A personal audited financial statement showing my net worth to be at least \$200,000;
- A Certificate Of Financial Responsibility In Lieu Of Errors And Omissions Insurance form signed by an officer of my company accompanied by my employer's audited financial statement or URL where the statement can be found: \_\_\_\_\_
- Proof of indemnification by my government employer.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City/State where signed**

**Please provide us with your current information below.** Some contact information may also be updated online by visiting **myWSBA** at the following address: <http://www.mywsba.org>.

Company: \_\_\_\_\_ Public Phone:(\_\_\_\_\_)\_\_\_\_\_

Public/Mailing Address: \_\_\_\_\_ Public Fax:(\_\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
Primary Email:\_\_\_\_\_

Website Address: \_\_\_\_\_ TDD:(\_\_\_\_\_)\_\_\_\_\_

Home Address:\* \_\_\_\_\_ Home Phone:(\_\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
Home Email:\_\_\_\_\_

**\*Your home contact information will be made public if it is the only information on file with the WSBA.**

